# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 21, 2002 8:00 am**
**Secretary of State**
02-21-2002 90155 022 ****70.00

DOCUMENT # 741229

1. Entity Name

VILLA CAPRI ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2828 JACKSON STREET<br>FT. MYERS FL 33901 | 2828 JACKSON STREET<br>FT. MYERS FL 33901 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1556592 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DONALDSON, JOHN R<br>2828 JACKSON STREET M1<br>FT MYERS FL 33901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE John R Donaldson 2/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PIERCE, MICHAEL<br>2828 JACKSON ST M3<br>N FORT MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Spiekerman, Eugene<br>2828 Jackson St. E-4<br>Fort Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DONALDSON, JOHN<br>2828 JACKSON ST M1<br>FT. MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CSUY, DAVID<br>2828 JACKSON ST G4<br>FT. MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Burden, Shirley<br>2828 Jackson St J-3<br>Fort Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DOWAS, JAMES<br>2828 JACKSON ST., K-5<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Downs, James<br>2828 Jackson St. K-5<br>Fort Myers, FL 33901 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROOKS, BRADFORD<br>2828 JACKSON STREET .K5<br>FORT MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Horn, Donald<br>2828 Jackson St. K-6<br>Fort Myers, FL 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John R Donaldson REQUIRED John R. Donaldson 2/7/02 (941)334-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #